



State of Washington  
Department of Revenue  
Taxpayer Services Division  
PO Box 47478  
Olympia, WA 98504-7478

## DEPARTMENT OF REVENUE TAX INQUIRY STATEMENT

Please use this form to request a written response to your tax inquiry.

Date: \_\_\_\_\_

1. My name is: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Registration No: \_\_\_\_\_  
Office Visited: \_\_\_\_\_

2. My question is (give detailed information about your request. If more space is needed, please attach additional sheets to this form).

You may leave this form with a Department of Revenue employee or mail it to the address below:

Taxpayer Services  
PO Box 47478  
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You can expect a reply within 10 working days of receipt.

To inquire about the availability of this document in an alternate format for the visually impaired please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our Internet home page at <http://dor.wa.gov>.